



# Richter Animal Hospital

4601 W. Sublett Rd.

Arlington, TX 76017

(817) 478-8000 / Fax: (817) 478-8022

## New Client Information

Date: \_\_\_/\_\_\_/\_\_\_

For Office use only: \_\_\_\_\_  
Client ID

Last Name \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Spouse/ Secondary \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Owner

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address (for reminder/update purposes): \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Primary Phone Number: ( ) \_\_\_\_ - \_\_\_\_

Secondary Phone Number: ( ) \_\_\_\_ - \_\_\_\_ Name to ask for \_\_\_\_\_

Work Phone Number: ( ) \_\_\_\_ - \_\_\_\_ Name to ask for \_\_\_\_\_

Alternate Phone Number: ( ) \_\_\_\_ - \_\_\_\_ Name to ask for \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

What is your preferred form of contact for appt confirmation? : EMAIL TEXT PHONE CALL

What is your preferred form of contact for vaccine reminders? : EMAIL MAIL TEXT

How did you hear about us? (please circle): Yellow Pages / Sign / Advertisement

Website / Personal Referral (who may we thank): \_\_\_\_\_

**Payment Information: All professional fees are due at the time services are rendered.**  
**We will gladly prepare a written estimate of all costs if desired. We accept Cash,**  
**Personal Checks, Visa, Mastercard, Discover, and American Express.**



# Richter Animal Hospital

4601 W. Sublett Rd.

Arlington, TX 76017

(817) 478-8000 Fax: (817) 478-8022

## New Pet Information

	<b>Pet # 1</b>	<b>Pet # 2</b>	<b>Pet # 3</b>
<b>Patient Name</b>			
<b>Species (Dog/Cat/Other)</b>			
<b>Breed</b>			
<b>Sex: M/F</b>	M / F	M / F	M / F
<b>Birth Date</b>	___/___/___	___/___/___	___/___/___
<b>Color</b>			
<b>Markings</b>			
<b>Weight</b>			
<b>Neutered / Spayed?</b>	Y / N	Y / N	Y / N
<b>Allergies to Medications</b>			
<b>Date of Last Rabies Vaccine</b>			

Name/Phone # of last Veterinarian/Hospital visited \_\_\_\_\_